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jc971 U.S. PTO
09/974592



10/09/01

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	07891/009004
Applicant	Robert G. Korneluk <i>et al.</i>
Title	DETECTION AND MODULATION OF IAPS AND NAIP FOR THE DIAGNOSIS AND TREATMENT OF PROLIFERATIVE DISEASE

PRIORITY INFORMATION:

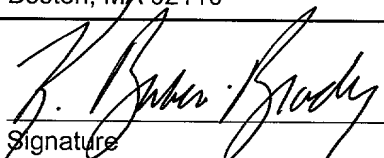
This application is a continuation of and claims priority from United States patent application 09/617,053, filed July 14, 2000 (now allowed), which is a continuation application of 08/800,929, filed February 13, 1997 (now U.S. Patent No. 6,133, 437).

SMALL ENTITY STATUS:

☒ Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	70 pages
Claims	2 pages
Abstract	1 page
Drawings	33 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/800,929 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	4 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disks

Small Entity Statement, which is: <input type="checkbox"/> Unsigned <input type="checkbox"/> Newly signed for this application	0 page
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$370	\$370.00
Excess Claims Fee: 8 - 20 x \$9.00	\$0.00
Excess Independent Claims Fee: 1 - 3 x \$39.00	\$0.00
Multiple Dependent Claims Fee: \$130.00	\$0.00
Total Fees:	\$370.00
<input checked="" type="checkbox"/> Enclosed is a check for \$370.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any additional charges or any credits, to Deposit Account No. 03-2095.	
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